

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/063563 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4		1				
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TOTAL IND.	2		3			
TOTAL DEP.	11	→	9	→		
TOTAL CLAIMS	13		12			

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TOTAL IND.					
TOTAL DEP.		→		→	
TOTAL CLAIMS					